

tion member was a charter member of the New York State Injury Control Steering Committee and New York State Disability Prevention Council. The state and city health departments also invited us to help other groups in the city develop similar programs.

Neither the city nor the state health departments have opted out of taking responsibility for injury control programs in New York City. There is more to do, of course. For instance, we worked with the New York City Department of Health for several years to establish statutory reporting of gunshot injuries to the city's children, a program that still has not been implemented.

We agree that city and state agencies should implement effective injury prevention programs as a matter of urgency, and we have endeavored to work with such agencies in conducting our injury prevention activities. □

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## References

1. Pless IB. Unintentional childhood injury—where the buck should stop. *Am J Public Health.* 1994;84:537–539.
2. Davidson LL, Durkin MS, Kuhn L, O'Connor P, Barlow B, Heagarty MC. The impact of the Safe Kids/Healthy Neighborhoods injury prevention program in Harlem, 1988 through 1991. *Am J Public Health.* 1994;84:580–586.

## A Community-Based Needle Clean-Up Project

In 1993, several former injection drug users in Baltimore City met to discuss how they might help their community. After having observed discarded contaminated needles and syringes on playgrounds, school yards, and other public areas, the group approached the Baltimore City Health Department with the idea for the Needle Clean-Up Project. Subsequently, members of the group were trained in biosafety procedures, and their services are supplied by the Environmental Control Unit of the health department.

Project members meet with community organizations to educate them about the dangers of discarded injection equipment. When citizens call the city health department when they observe discarded needles or syringes, the health department notifies the Needle Clean-Up Project, whose members collect these items in approved biosafety containers. In early 1994, the team, in the course of only two site visits, collected 102 contaminated needles and 129 contaminated syringes.

This ongoing demonstration project is an example of a partnership between a local health department and the community. The project demonstrates the active interest of former drug users who want to reduce and start to reverse the effects of drug abuse in one city. □

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## More on Methadone Treatment

In their article,<sup>1</sup> Dr. Umbricht-Schneiter and her colleagues presented dramatic empirical evidence in support of concomitant treatment for narcotic addiction as well as for associated medical problems. In this study, comprehensive medical care was provided at an addiction treatment site. It should be noted, however, that there is an alternative way of achieving concomitant treatment: permit-

ting the prescribing of methadone to narcotic addicts, for whom it is deemed appropriate, within a medical facility whose primary focus is not addiction.

Few would quarrel with the premise that fragmentation of medical care is destined to be less than optimal. A patient should not be required to go to different physicians working in different locations to receive care for diabetes and hypertension, tuberculosis and AIDS, asthma and angina, etc. And yet, there is a generally unchallenged assumption, codified in federal and state laws, that methadone for the treatment of narcotic addiction should be prescribed exclusively in formal methadone programs.

Providing comprehensive care to narcotic addicts by incorporating an array of general and specialized medical services in a methadone program is attractive on a theoretical basis. From a practical standpoint, however, such an approach is unlikely to be feasible on the massive scale that is required to reach those in need. Even the relatively modestly staffed methadone treatment facilities that exist today operate at capacity and leave more than 80% of narcotic addicts with absolutely no access to care. Accordingly, the more promising approach would be to allow methadone, just like any other medication, to be prescribed by facilities and practitioners that handle the full spectrum of medical problems. □

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## Reference

1. Umbricht-Schneiter A, Ginn DH, Pabst KM, Bigelow GE. Providing medical care to methadone clinic patients: referral vs on-site care. *Am J Public Health.* 1994;84:207–210.

## NRA Claims Distortions of Second Amendment in Journal Article

From the abstract on, "Firearms and Health: The Right To Be Armed with Accurate Information about the Second Amendment"<sup>1</sup> distorts the meaning of the Second Amendment, court decisions interpreting the amendment, similar state protections of the right to keep and bear arms, and the position of the National Rifle Association (NRA) regarding fire-